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ABSTRACT

An increase in clinical cases indicates that trauma in school children can be connected to teacher abuse. A survey was administered to 35 college undergraduates, 40 school teachers, 41 special educators, and 65 mixed individuals from Pennsylvania, New Jersey, New York, Delaware, Georgia, and Puerto Rico to determine the nature of the abuse, its effect on children, and the symptoms resulting from the abuse. Responses to the survey reveal incidences of verbal abuse and subsequent symptoms such as personality change, recollection of the traumatic incident, concentration difficulties, avoidant reactions, psychological numbing, and physical problems. The survey further shows the longevity of symptoms and differences in the development of symptoms. Finally, the survey demonstrates that (1) demography influences the incidence of child abuse by teachers; (2) sarcasm, ridicule, voice-raising, criticism for low achievement, unjustified punishment, and restricting students from nonacademic activities are often identified as traumatic school stressors; (3) 60 to 86 percent of the subjects claimed to have had a traumatic school experience; and (4) the school teachers reported reduction in self-esteem as the longest lasting symptom. A training program is advisable to improve disciplinary techniques. Included are 3 tables and 18 references. (RG)

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Psychological Trauma in the Schools:
A Retrospective Study

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Psychological Trauma in the Schools: A Retrospective Study

Few American school children have escaped being the target or witness to some form of psychological abuse. In his paper, Psychological Maltreatment of Children and Youth, presented at the May 1983 International Conference on Psychological Abuse, James Gabarino asserted: "In almost all cases, it is the psychological *consequences* of an act that define that act as abuse..." While children can absorb and overcome the experience of physical assault and sexual misuse if they are psychologically strengthened, they rarely do if psychologically maltreated. The psychological sequelae of abuse in children has received some attention in the literature.

A unique case study was reported by Terr (1983) which dealt with the delayed stress reactions of 25 children kidnapped from their school bus in July 1976, following an incident in which three young kidnappers commandeered the children and their driver at gunpoint, drove them about for 11 hours in two blackened vans, and buried them alive for 16 hours in a truck-trailer. Two of the kidnapped boys dug them out. Terr pointed out the uniqueness of this incident due to its unexpected and terrifying nature, without any concomitant mutilation or death. In addition, the cooperation from parents and children following such an event provided an unparalleled opportunity to enhance understanding of childhood psychic trauma.

Terr reported that although the clinical severity varied with premorbid individual vulnerabilities, every child was found to suffer from a posttraumatic stress response syndrome as late as 4 to 5 years after the incident. She noted the following symptoms in the children: pessimism about the future, shame, a fear of re-experiencing the traumatic anxiety, repetitions of psychophysiological disturbances that began with the kidnapping, repeated nightmares, and dreams of personal death. She concluded that: "... even though some of the more dramatic manifestations of psychic trauma disappear over time, a significant trauma continues to exert an influence on the everyday life, personality development, and future expectations of previously normal children. "

A developmental perspective was utilized in a study of the symptoms of forty children after having witnessed the homicide of a parent, (Pynoos and Eth, 1985). They contend that the manifestation of symptoms is contingent upon the child's developmental level, as is the course of the trauma resolution. They make a comparison between adults and children in their cognitive symptomology. Children's school work is cited as illustrative of an instance where intrusive recollections, inhibition of spontaneous thought, and a generalized depressed affect may parallel the adult's inability to function at work.

In Keane's 1985 study, Post Traumatic Stress Disorder (PTSD) is defined as "a constellations of symptoms that describes the psychological response often observed in individuals following a discrete, life-threatening event." As presented in DSM-III, (American Psychiatric Association, 1980), the essential symptoms of the disorder are avoidance of close interpersonal relationships, guilt, constricted affect, intrusive recollections of the event often accompanied by nightmares or flashbacks, an exaggerated startle response, and the impairment of memory and concentration. The associated features of high levels of anxiety and depression are also included.

For a diagnosis of PTSD to be made the following four criteria must be met: (1) the historical antecedent of a traumatic event; (2) a reexperiencing of the event through intrusive memories, dreams, or associations; (3) a decline in involvement with the environment by loss of interest in significant activities, distancing from others, or reduced affect; (4) two other symptoms that were not present prior to the traumatic event, including hyperaltness, sleep disturbances, survivor guilt, difficulty with memory or concentration, an increase in severity of symptoms when exposed to activities or events that are symbolic or representative of the trauma, and an avoidance of trauma-related activities and symbols.

The issue of the traumatic stressor appears to be a critical one, certainly in a legal context, and also when attempting to define the disorder for the mental health community. The DSM-III additionally makes the stipulation that the stressor must be "generally outside the range of human experience." The issue of "Problems of Diagnosis and Legal Causation in Courtroom Use of Post-Traumatic Stress Disorder," was

examined by Raifman, (1983). He challenged the "range of common human experience" requirement and concluded that evidence of PTSD should be acceptable in those circumstances where corroborating independent evidence in support of the existence of a traumatic stressor is present.

In reality, common stressors such as death and divorce have a wide range of affects on different people. Similarly, common school disciplinary procedures may have varying affects on children, depending on factors such as the degree of punitiveness and severity of punishment in addition to previous disciplinary procedures, self-esteem, etc. The retrospective research presented here explores the extent and form of traumatization in childhood as a result of overly punitive discipline in the form of severe verbal and physical assaults on school children.

In the 1978 "National Conference on Child Abuse and Neglect," Lourie & Stefano concluded that any definition of psychological abuse must have two parts: mental health professionals need a broad definition while those involved in legal action "against" perpetrators need a more explicit and limited definition, to avoid having legal actions dismissed on grounds of vagueness. Their clinical definition focuses on "mental injury" defined as "an injury to the intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in his or her ability to function within his or her normal range of performance and behavior with due regard to his or her culture."

Studies conducted at the National Center for the Study of Corporal Punishment and Alternatives in the Schools indicate a pattern of psychological trauma that is long-lasting. We have begun to see similar effects without the use of corporal punishment when teachers constantly verbally abuse children (Hyman, 1985). Therefore, it is becoming clear that the psychological effects of physical and verbal assaults on children are the same. Professionals and the public are very slowly becoming aware of emotional abuse in the classroom, (Krugman & Krugman, 1984; Safran, 1985). As a result of a growing number of clinical cases, it is clear that a stress related series of physical and psychological symptoms can be associated with teacher abuse of school children.

Given the historical importance of the educator in the life of the child, (i.e., "in loco parentis"), the impact of physical and/or psychological maltreatment at the hands of one's teacher may have considerable implications for the developing child. Hyman (1985) proposes a paradigm for understanding childhood "post traumatic stress disorder, " as defined in the Diagnostic and Statistical Manual of Mental Disorders (Third edition), of the American Psychiatric Association (1980). The essential feature of this "Educator-induced post-traumatic stress disorder" is the development of symptoms following an event or series of events which differs significantly from those usually occurring in the life of the child, (Zelikoff, 1986).

This study may be seen as an exploratory effort to determine the incidence and validity of such a construct in regard to children in the school setting. An attempt is made to explore the psychological sequelae of a delayed stress reaction in children through the use of an instrument designed specifically to assess these variables through a retrospective survey design. This study is an effort to develop a data base for the incidence of traumatic stressors and the resultant traumatization in children, using the school setting as a model.

Method

Subjects.

Three separate groups including 35 college undergraduates, 40 school teachers and 41 special educators, in addition to 65 assorted individuals were surveyed. The former were undergraduate students in a large, urban university campus. The second group consisted of 40 teachers from a wealthy midwestern, suburban school district. The third group included special administrators, teachers and aides from a suburban and rural community in northeastern Pennsylvania, and the final group consisted of unrelated individuals from a wide range of geographic representation including the states of Pennsylvania, New Jersey, New York, Delaware, Georgia, and Puerto Rico.

Instrument.

The "School Trauma Survey" was designed for two purposes. It is an exploratory survey to assess 1) the type and impact of teacher's behaviors on students and 2) the specific symptoms which may develop following a punitive interaction with an educator which is perceived as traumatic by the student. A comprehensive list of those behaviors considered most punitive was developed based on clinical experience and reported instances in the literature. Twenty-two items comprised the "Unpleasant School Experience(s)" section. Examples of items included the following : "Used sarcasm or ridicule." "Allowed other children to harrass or belittle you." "Criticized students for poor performance." "Hit students with an instrument."

Items in the second part, "Reactions After the Event," were developed based on reported symptoms in the DSM-III literature for post-traumatic stress disorder, studies cited in the literature specifically on childrens' post-traumatic reactions (Terr, 1983; Figley, 1985; Hyman, 1983; Krugman & Krugman, 1984), and the clinical experience of Center staff. The forty-three items were rated on a five-point Likert scale along two dimensions. These related to on-set and duration of the symptoms. Although it would have been ideal to also include intensity and frequency measures, they were considered the least critical of the dimensions in an already complex survey design. The following are examples of the items included: "Sleep disturbance." "Markedly lowered interest in non-academic activities, (playing with friends, club involvement, sports involvement, etc.)," "Change from positive to negative self-image."

Procedure.

Subjects were obtained at various times. The undergraduates were all members of a sorority at a large urban university in the northeast and agreed to participate in the survey research preceding one of their meetings. The second group of 40 teachers from the midwest were all participants in a workshop on psychological abuse given in their area, as were the third group or special educators from northeastern Pennsylvania. The "mixed group" of unrelated individuals were obtained by one of a group of twelve

psychologists enrolled in a doctoral level course in research.

Results

This was a pilot study for the purpose of determining the presence of "psychological abuse" of children in the school system, as well as the psychological sequelae. "Psychological abuse" was defined as a "most unpleasant school experience caused by a teacher or administrator . . . which was embarrassing, humiliating, or fear producing. . ." Since this is exploratory research, a great deal of detailed demographic and information about the punitive educator was gathered which are not reported here.

Part 1: Traumatic School Stressors.

There were 22 actual stressors in the survey which were collapsed into 7 categories for presentation here. Categories were identified through other examples cited in the literature (Krugman & Krugman, 1984; Gabarino & Yondra, 1983) and clinical experience. Table 1, on the following page, reveals that "verbal assaults" was by far the most frequently occurring school stressor reported. A total of 60% or greater of each group sampled experienced this type of overly critical or punitive response from an educator. This is followed by physical abuse, (i.e., slapping, kicking, and pulling hair or ears), isolating actions, (i.e., educator ignoring or physically isolating a student for a period of time), and overly punitive actions, (i.e., unwarranted detention). These actions were reported as occurring to between one-fourth and one-fifth of the groups sampled.

Part II: Symptoms Following the Traumatic Event.

The symptomology reported by individuals who experienced an unpleasant school trauma and symptoms following the incident are shown for the groups sampled in Table 2, shown on page 9. Again, the survey items, which numbered 43, were collapsed into categories identified through other examples cited in the literature (Krugman & Krugman, 1984; Gabarino & Yondra, 1983) and clinical experience. The

Table 1.

Retrospective Reports of Educator Induced Psychological and Physical Assaults for Four Samples

Assault	Group			
	School Teachers (n = 40)	Undergraduates (n = 25)	Special Educators (n = 41)	Mixed group (n = 65)
	n (%)	n (%)	n (%)	n (%)
Verbal Assaults	25 (63%)	15 (60%)	30 (73%)	47 (72%)
Isolating	N.A. ^a	N.A.	13 (32%)	18 (28%)
Peer Humiliation	4 (10%)	4 (16%)	11 (27%)	8 (12%)
Physical Abuse	9 (23%)	1 (7%)	8 (20%)	24 (37%)
Rejecting/Ignoring	N.A.	N.A.	7 (17%)	11 (17%)
Overly Punitive Sanctions	10 (25%)	1 (4%)	3 (7%)	14 (22%)
Corrupting	N.A.	N.A.	0	0
Total Reporting Some Form of Traumatic School Stressors	63%	60%	85%	86%

Note. Percentages in parentheses indicate the percentage of the whole group sampled who experienced the stressor listed. They will not sum to 100% since subjects may have experienced more than one type of stressor.

^aN.A. An earlier version of the instrument was administered to this group, therefore data were not available on these stressors.

data presented is calculated only for those subjects who reported a stressor and consequent reaction(s). The frequency of symptoms which lasted a year or longer is also shown. It should be noted that neither rows nor columns will total to unity as respondents were instructed to report multiple symptomology if applicable and not to respond at all if non-applicable. Of those individuals who reported an incident and symptoms following it, the most frequently occurring symptom of the Illinois school teachers (80%), the Pennsylvanian special educators (89%), and the mixed group (88%) was a personality change. This included such reactions such: "developed

Table 2.

Retrospective Reports of Symptoms Lasting Less Than and Equal to or
More Than One Year as a Result of Traumatic School Stressors^a

Symptom		Group							
		Illinois School Teachers (n = 25)		Philadelphia Undergraduates (n = 15)		Pennsylvania Special Educators (n = 35)		Mixed group (n = 65)	
		Longevity of Symptom							
		Less ^b	More ^c	Less	More	Less	More	Less	More
Reexperiencing the Trauma	n %	11 44%	6 24%	9 60%	11 13%	25 71%	16 46%	28 50%	11 20%
Personality Change	n %	20 80%	9 6 36%	4 31 40%	21 27%	49 89%	22 60%	88%	39%
Memory and Con- centration Problems	n %	11 44%	3 9 12%	2 19 60%	9 13%	19 54%	10 26%	34%	18%
Psychic Numbing	n %	10 40%	4 16%	7 47%	2 13%	11 31%	3 9%	26 46%	4 7%
Avoidance Reactions	n %	8 32%	3 12%	6 40%	1 7%	17 49%	8 23%	38 68%	12 21%
Sleep Disturbances	n %	3 12%	1 4%	4 27%	1 7%	5 14%	0	6 11%	1 2%
Somatic Complaints	n %	4 16%	2 8%	2 13%	0	12 34%	5 14%	11 5%	3 2%
Habit Disorders	n %	2 8%	2 8%	2 13%	2 13%	4 11%	3 6 9%	4 4%	2 2%

Note. Numbers in parentheses indicate the percentage of those who displayed symptoms who experienced the particular symptom listed. Percentages will not sum to 100% since subjects may have experienced multiple symptoms.

^aPercentages of total samples experiencing symptoms was 63% for the School Teachers (n=40),

60% for Undergraduates (n=25), 85% for Special Educators (n=41), and 86% for the mixed group (n=65).

^bSymptoms experienced for between a day and up to a year.

^cSymptomology experienced for a year or more.

a lowered positive self-image and sense of competency," "became more nervous and anxious than before," and "became more sensitive to criticism," in order of frequency.

The urban Philadelphia undergraduate group reported reexperiencing the trauma and memory and concentration problems as their most frequently occurring symptom, with a full 60% of the sample experiencing these two types of reactions. Both the Illinois teacher and the Pennsylvania special educator groups sampled reported these as their next most frequently occurring type of symptoms. Seventy-one percent of the Pennsylvania teachers, 50% of the mixed group and 44% of Illinois teacher subjects reporting incidences of reexperiencing the trauma. Reexperiencing the trauma included "repeated flashbacks" and "recurrent nightmares related to school and the incident." Memory and concentration problems included: "excessive worry about school performance" and "had a shorter attention span than before the incident."

Avoidant reactions, such as "avoidance of the location where the unpleasant incident took place," "fear of adults who looked like the educator," and "reluctance to go to bed alone," constituted a full 68% of the mixed group's response to a traumatic school stressor. Forty-nine percent of Pennsylvania special educators, 40% of Philadelphia undergraduates, and 32% of Illinois school teachers also reported some form of avoidant reaction.

Some form of psychic numbing was reported by 40% of the Illinois school teachers, 47% of the Philadelphia undergraduates, 31% of the Pennsylvania special educators and 46% of the mixed group. Most frequently reported psychic numbing reactions included: "a decline in school performance as noted by grades and/or incomplete homework assignments," "appeared unhappy or depressed after the incident," and "became more withdrawn and spent more time alone."

Somatic complaints and physical reactions associated with autonomic arousal were reported by 34% of the Pennsylvanian special educators, 16% of the Illinois school teachers, 13% of the Philadelphia undergraduates, and 5% of the mixed group. Stomachaches and headaches were most frequent of these. Sleep disturbances were the next most commonly experienced symptom, with 27% of the undergraduates, 14% of the special educators, 12% of the school teachers, and 5% of the mixed group reporting this. Most commonly reported were "experienced greater fatigue," and "sleep disturbances." Least common were habit disorders with between 4% and 13% of those reporting symptoms experiencing reactions such as nervous ticks and nail-biting.

Table 2 also presents incidence data on the occurrence of PTSD symptoms for a full year or more, (note the "More" column, note c.). The longevity of these symptoms is one of the primary criteria for PTSD, according to the DSM-III conceptualization (American Psychiatric Association, 1980). In the case of the Pennsylvania special educators, a full 60% of the group reported having experienced a personality change for a year or more following their traumatic school stressor incident. Personality change was also reported as lasting a year or more by 39% of the mixed group, 36% of the Illinois teachers, and 27% of the Philadelphia undergraduates. Forty-six percent of the Pennsylvania special educators reported a reexperiencing of the trauma for a full year or more. A little more than a third (36%) of the Illinois school teachers who reported an unpleasant school stressor, a fourth (27%) of the Philadelphia undergraduates, and a fifth (20%) of the mixed group reported a reexperiencing of the stressor.

Although the following are not as large a portion of those who experienced a stressor and concomitant reactions, they too constitute a significant representation of the impact of a traumatic experience on a child in the school. Approximately a fourth of the special educators (26%) and a fifth of the mixed group (18%) reported memory and concentration problems and avoidance reactions were reported as lasting for a year or more by 23% and 21% of those two groups, respectively. Between 12% to 16% of those in the groups who reported symptoms experienced the following for a year or more: psychic numbing, somatic complaints, avoidance reactions, and habit disorders.

The discussion of developmental aspects of a PTSD in children prompted the initiation of the most recent group sampled to be analyzed for developmental differences. The mixed group was accordingly divided into a primary group (ages 4 to 8), a latency group (ages 9 to 12), and an adolescent group (ages 13 to 20), according to when they reported experiencing a traumatic school stressor. The results of this analysis are presented in Table 3, on the following page.

Of those individuals who reported an incident and symptoms following it, the most frequently occurring symptom for all developmental levels was a personality change, with between 74% (adolescent group) and 95% (primary group) reporting some form of personality change. Due to the small sample size, it is not meaningful to discuss the differences in frequencies of the particular types of larger psychological changes, such as type of personality changes, noted.

Table 3.

Frequencies of Symptomology Occurring for Between a Day to a Year and a Year or More by
Individuals who Experienced a Traumatic School Stressor at the Specified Developmental Level^a

		Developmental Level					
		Primary (n = 21)		Latency (n = 16)		Adolescent (n = 19)	
Symptom		Longevity of Symptom		Longevity of Symptom		Longevity of Symptom	
		Less ^b	More ^c	Less	More	Less	More
Reexperiencing the trauma	n %	14 71%	8 38%	6 38%	1 6%	8 42%	2 11%
Personality change	n %	20 95%	11 52%	15 94%	6 38%	14 74%	5 26%
Memory and concentration problems	n %	9 43%	6 29%	5 31%	2 13%	5 26%	2 11%
Psychic numbing	n %	12 57%	3 14%	7 44%	1 6%	7 37%	0
Avoidance Reactions	n %	16 76%	5 24%	11 69%	2 13%	11 58%	5 26%
Sleep Disturbances	n %	3 14%	0	1 6%	1 6%	2 11%	0
Somatic Complaints	n %	5 24%	1 5%	3 19%	1 6%	3 16%	1 5%
Habit Disorders	n %	4 19%	3 14%	2 13%	1 6%	0	0

Note. Numbers in parentheses indicate the percentage of those who displayed symptoms who experienced the particular symptom listed. Percentages will not sum to 100% since subjects may have experienced multiple symptoms.

^a Percentages of total samples experiencing symptoms is not reported as individuals may have chosen not to respond to the survey when approached, if they did not experience a traumatic school stressor.

^b Symptoms experienced for between a day and up to a year.

^c Symptomology experienced for a year or more.

It is most interesting to note that the primary aged group experienced a greater number of reexperiencing the trauma incidents. In fact, in statistical analysis, there was a statistically significant difference, $\chi^2 = 7.33$, $p < .05$, between developmental levels in the incidence of reexperiencing the trauma for a full year or more after the initial traumatic school stressor. The primary aged group reported a greater frequency in the general presence of reexperiencing symptoms, and in the continued presence, for a year or more, of this PTSD reaction. However, when all data from the four studies are pooled, analysis between groups did not yield a statistically significant difference between developmental levels for the reexperiencing of the trauma.

Discussion

The "School Trauma Survey" was designed to explore both the incidence and the consequences of trauma as perceived by former students. The fact that a full 40% of the undergraduate sample reported no traumatic or unpleasant incidents occurring with an educator as compared to about 20% of the Illinois group may reflect known differences in the geographic regions, with the northeast part of the country being historically least punitive. It is also quite interesting to note that a very high proportion of educators sampled reported experiencing a greatly unpleasant or traumatic incident in school, despite the fact that they went on to select careers in education. This may suggest a sort of "institutional acceptance" of abusive behavior toward school children in our country.

Though objections may be raised as to whether the educator behaviors described truly constitute either psychological or physical forms of child abuse, the fact that they are so well remembered is reflective of the impact they made. In addition, the qualitative nature of an overly punitive interaction with an adult in a "caregiver role" has implications which have not been addressed in the PTSD nosological conceptualization for adults. Exploring the types of behaviors considered by former students to be psychologically painful or abusive revealed that the use of sarcasm and ridicule, name-calling or 'labelling' on the basis of physical characteristics, the raising of one's voice, criticism for poor performance, unwarranted detention, and keeping students from non-academic activities such as music and art were all noted with a high degree of frequency as traumatic school stressors. Between 60% to 86% of those sampled reported having experienced some event which they considered to be a traumatic school stressor, to the extent that they developed some reaction to the incident, and in some cases, long lasting

rather deleterious reactions were noted. This has particular relevance for all professionals in the educational sector in terms of the type and form of discipline and motivation recommended and practiced.

Clinical studies of traumatized children have not generally indicated the presence of flashbacks. Though the retrospective studies reported here do suggest this phenomenon, clear developmental differences are difficult to elucidate at this time. Intrusive recollections of a traumatic event may appear in only a small percentage of children, children may be unable to report these experiences, or perhaps the retrospective nature of this study confounds accurate reporting of such phenomenon. The questionnaire was additionally rather complex and this may have hindered accurate responding. The small sample size and geographic representation is another limitation of this study, and more extensive and random sampling is surely indicated.

The most commonly reported symptoms, however, could all lead to a significantly deleterious impact on a child's learning experience such as: excessive worry about school performance, nervousness and anxiety, loss of motivation and enthusiasm, recurrent recollections of the event and an unhappy or depressed appearance. In any event, it cannot be argued that all of the above noted reactions are counter-productive to the supposed goals of producing self-sufficient, well-rounded citizens capable and desirous of participating independently and cooperatively in a democratic society. Of particular concern is the reaction of lowered self-esteem and sense of competency, which was also reported as lasting the longest by the older group, the school teachers. A full one-fifth of this group found this reaction to occur for a year or more following the incident. The ramifications of this finding are considerable, and surely suggest the possibility for further research. A factor-analytic study with a much larger randomized sample on the incidence rates and symptomology would be very useful to better determine the constellation of symptoms for PTSD in children, and in terms of educators' potential for negatively impacting on students' lives.

If more extensive research documents the implications of this study of a widespread occurrence of psychological abuse and the existence of an "educator-induced post-traumatic stress disorder," there are far-reaching ramifications for our educational system. This may be reflective of an inability of educators in classroom management and discipline techniques, and a reliance on more superficial and punitive methods to

provide feedback or manage classroom affairs. This supports the need for a formalized training in less punitive and effective methods of discipline and classroom management techniques as a formal part of the professional training of educators.

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